

Exhibit F



WR GRACE PIQ 021524-0001

W.R. Grace Asbestos Personal Injury Questionnaire

REDACTED

Re:
Kelley & Ferraro LLP
1300 East Ninth Street
1901 Penton Media Building
Cleveland, Ohio 44114

REC'D JUL 12 2006

A standard 1D barcode with vertical black bars of varying widths on a white background. 000378117837



WR GRACE PIQ 021524-0002

W. R. Grace Asbestos Personal Injury Questionnaire



WR GRACE PIQ 021624-0003

[THIS PAGE INTENTIONALLY LEFT BLANK.]



IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
Debtors.) Jointly Administered
)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



WR GRACE PIQ 021624-0006

INSTRUCTIONS**A. GENERAL**

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.



WR GRACE PIQ 021524-0006

D. PART III – Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were exposed to asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |



WR GRACE PIQ 021624-0007

E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V – Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI – Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII – Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII – Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX – Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X – Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

WR GRACE PIQ 021524-0008

REDACTED

- b. LAWYER'S NAME AND FIRM

- C. CAUSE OF DEATH (IF APPLICABLE)**

- ## PART II: ASBESTOS-RELATED CONDITION(S)

1. Please check the box next to the condition being alleged:

- a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- ☐ diagnosis from a pathologist certified by the American Board of Pathology
- ☐ diagnosis from a second pathologist certified by the American Board of Pathology
- ☐ diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- ☒ other (please specify): Objection: See attached medical information



WR GRACE PIQ 021524-0009

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

- b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- X other (please specify): Objection: See attached medical information

c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
- ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
- ☐ other, please specify: _____
- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):
- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- X other (please specify): Objection: See attached medical information

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



WR GRACE PIQ 021524-0010

- d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ asbestosis determined by pathology
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 - X other (please specify): Objection: See attached medical information
- e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
 - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
 - ☐ asbestosis determined by pathology
 - ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
 - X other (please specify): Objection: See attached medical information

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing: Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☒ other (please specify): Objection: See attached medical information

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



2. Information Regarding Diagnosis

Date of Diagnosis:3/17/1996

Diagnosing Doctor's Name: See attached medical informationDiagnosing Doctor's Specialty: See attached medical informationDiagnosing Doctor's Mailing Address: See attached medical information
Address

City

State/Province

Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: See attached medical information

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Objection: contains terms not defined nor understood ☐ Yes ☐ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Objection: relevance ☐ Yes ☐ NoIf yes, please indicate who paid for the services performed: Objection: relevanceDid you retain counsel in order to receive any of the services performed by the
diagnosing doctor? Objection: relevance ☐ Yes ☐ NoWas the diagnosing doctor referred to you by counsel? Objection: relevance ☐ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your
legal counsel? Objection: relevance ☐ Yes ☐ No

If yes, please explain:

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine
at the time of the diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the
diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to
diagnosis? See attached medical information ☐ Yes ☐ NoDid the diagnosing doctor perform a physical examination? See attached medical information ☐ Yes ☐ NoDo you currently use tobacco products? Objection: relevance ☐ Yes ☐ NoHave you ever used tobacco products? ☐ Yes ☐ NoIf answer to either question is yes, please indicate whether you have regularly used any of the following tobacco
products and the dates and frequency with which such products were used: Objection: relevance☐ Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____☐ Cigars Cigars Per Day _____ Start Year _____ End Year _____☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____
Amount Per Day _____ Start Year _____ End Year _____Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? See attached medical
Information ☐ Yes ☐ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☒ Other: Objection: relevanceAddress where chest x-ray taken: Objection: relevance
Address

City

State/Province

Zip/Postal Code

PART III: ASBESTOS-RELATED CONDITION(S) (Continued)**4. Information Regarding Chest X-Ray Reading** See attached medical information

Date of Reading: ____ / ____ / ____

ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: _____ (____) _____ - _____

Reader's Mailing Address: _____

Address

City: _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:Was the reader paid for the services that he/she performed Objection: relevance..... ☐ Yes ☐ No*If yes, please indicate who paid for the services performed:* Objection: relevance

Did you retain counsel in order to receive any of the services performed

by the reader? Objection: relevance..... ☐ Yes ☐ NoWas the reader referred to you by counsel? Objection: relevance..... ☐ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? Objection: relevance..... ☐ Yes ☐ No*If yes, please explain:* _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

.....X Yes ☐ No*If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made:* _____**5. Information Regarding Pulmonary Function Test:** See attached medical information Date of Test: ____ / ____ / ____List your height in feet and inches when test given: See attached medical information .. ____ ft ____ inchesList your weight in pounds when test given: See attached medical information ____ lbsTotal Lung Capacity (TLC): See attached medical information..... ____ % of predictedForced Vital Capacity (FVC): See attached medical information ____ % of predictedFEV1/FVC Ratio: See attached medical information ____ % of predictedName of Doctor Performing Test (if applicable): See attached medical informationDoctor's Specialty: See attached medical informationName of Clinician Performing Test (if applicable): See attached medical informationTesting Doctor or Clinician's Mailing Address: See attached medical information _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: See attached medical information _____Name of Doctor Interpreting Test: See attached medical information _____Doctor's Specialty: See attached medical information _____Interpreting Doctor's Mailing Address: See attached medical information _____

Address

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: See attached medical information _____ - _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

all

With respect to your relationship to the doctor or clinician who performed the pulmonary function test, check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed:..... Objection: relevance

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor or clinician referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? See attached medical information..... ☐ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: Objection: relevance

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain: _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?..... ☐ Yes ☐ No
See attached medical information

6. Information Regarding Pathology Reports:

Date of Pathology Report: See attached medical information..... ____ / ____ / ____

Findings: See attached medical information

Name of Doctor Issuing Report: See attached medical information

Doctor's Specialty: See attached medical information

Doctor's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Doctor's Daytime Telephone Number: See attached medical information..... (_____) _____ - _____

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance..... ☐ Yes ☐ No



WR GRACE PIQ 021524-0015

If yes, please explain:

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

See attached medical information ☐ Yes ☐ No

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



WR GRACE PIQ 021524-0016

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

See attached medical information ☐ Yes ☐ No

If yes, please complete the following:

Name of Treating Doctor: See attached medical information _____

Treating Doctor's Specialty: See attached medical information _____

Treating Doctor's Mailing Address: See attached medical information _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Treating Doctor's Daytime Telephone number: See attached medical information _____ - _____

Was the doctor paid for the services that he/she performed? See attached medical information ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: See attached medical information _____

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART III. DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Site of Exposure:

Site Name: See Exhibit A

Location: _____

Site Type: ☐ Residence ☐ Business

Site Owner: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Job Description:	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/week)	Occupation Code (If Code 59, specify)	Industry Code (If Code 118, specify)	Nature of Exposure due to working in or around areas where products were being installed, mixed, removed, or cut? (If yes, please indicate your regular proximity to such areas)	Nature of Exposure
Job 1 Description: <u>See Exhibit A</u>							
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							

WR GRACE PIQ 021524-0017

PART IV. INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

WR GRACE PIQ 021624-0016

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? ☐ Yes ☐ No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

3. What is your Relationship to Other Injured Person: ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: ____/____/____ To: ____/____/____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ☐ Yes ☐ No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____/____/____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: ____/____/____ To: ____/____/____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART V. EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
 (b) A worker who personally removed or cut Non-Grace asbestos-containing products
 (c) A worker who personally installed Non-Grace asbestos-containing products
 (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (f) If other, please specify.

Objection: Burdensome/Public Record

Party Against which Lawsuit or Claim was Filed:

See attached Complaint cover sheet

Product(s)	Dates and Frequency of Exposure (month, day, year)	Occupation Code (If Code 59, Specify)	Industry Code (If Code 1-6, Specify)	Nature of Exposure due to working in or around areas where product was being installed, mixed, removed or cut? If Yes, please indicate your reason (Product(s) used, etc.)	Nature of Exposure
Site of Exposure 1 Site Name: _____ Burdensome, Public Documents Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 2 Description:				
Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 3 Description:				
Site of Exposure 1 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 2 Description:				
Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 3 Description:				



PART VI: EMPLOYMENT HISTORY



WR GRACE PIQ 021624-0020

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: See Exhibit A
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: ____/____/____ End of Employment: ____/____/____
 Location: _____
 Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: ____/____/____ End of Employment: ____/____/____
 Location: _____
 Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: ____/____/____ End of Employment: ____/____/____
 Location: _____
 Address _____

City _____ State/Province _____ Zip/Postal Code _____

Occupation Code: _____ If Code 59, specify: _____
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: ____/____/____ End of Employment: ____/____/____
 Location: _____
 Address _____

City _____ State/Province _____ Zip/Postal Code _____

PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA



WR GRACE PIQ 021624-0021

a. LITIGATION

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?X Yes ☐ No

If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: See Complaint cover sheet

Case Number: _____ File Date: ____ / ____ / ____

Court Name: Cuyahoga County Court of Common Pleas

3. Was Grace a defendant in the lawsuit? Objection: Burdensome/Public Document ☐ Yes ☐ No

4. Was the lawsuit dismissed against any defendant? Objection: See docket and pleadings in case which are public records. ☐ Yes ☐ No

If yes, please provide the basis for dismissal of the lawsuit against each defendant:

Objection: burdensome. Please see docket and pleadings filed in the case which are public records

5. Has a judgment or verdict been entered? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 ☐ Yes ☐ No

If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601. ☐ Yes ☐ No

If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

a. Settlement amount for each defendant: _____

b. Applicable defendants: _____

c. Disease or condition alleged: _____

d. Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? Objection: Public Document. See attached docket and pleading ☐ Yes ☐ No

If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)?X Yes ☐ No

If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

2. Date the claim was submitted: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

3. Person or entity against whom the claim was submitted:
Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

4. Description of claim: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

5. Was claim settled? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 ☐ Yes ☐ No

6. Please indicate settlement amount: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601 \$ _____

7. Was the claim dismissed or otherwise disallowed or not honored? Objection: relevance ☐ Yes ☐ No

If yes, provide the basis for dismissal of the claim: _____

PART VIII. CLAIMS BY DEPENDENTS OR RELATED PERSONS

WR GRACE PIQ 021624-0022

Name of Dependent or Related Person: Objection: relevance; See Complaint Cover Sheet.. Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

Financially Dependent: _____ ☐ Yes ☐ NoRelationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify _____Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Daytime Telephone number: _____ (____) _____ - _____

PART IX. SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies: See attached medical information

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scan reports/interpretations |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure | <input type="checkbox"/> Death Certification |

Originals:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations |
| | <input type="checkbox"/> Death Certification |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X. ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

TO BE COMPLETED BY THE INJURED PERSON.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: Thomas M. Wilson, POA Date: 2/03/2006Please Print Name: Thomas M Wilson, Esq as POA**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: Thomas M. Wilson, Esq. Date: 2/03/2006Please Print Name: Thomas M. Wilson, Esq.



WR GRACE PIQ 021524-0023

Exhibit "A"

Name: _____

REDACTED

S.S#: _____

JOBSITE	CITY	STATE	YEARS WORKED
CONRAIL	PITTSBURGH	PA	10/1/1947 - 2/1/1987
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-

418643

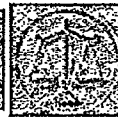
Case Summary



WR GRACE PID 021624-0024



Gerald E. Fuerst, Clerk of Courts
Court of Common Pleas - Cuyahoga County, Ohio



CASE SUMMARY

Case Number: REDACTED
Case Title:
Case Designation: ASBESTOS TORT-PRODUCT LIAB
Filing Date: 03/13/2001
Judge: RICHARD-ASBEST MCMONAGLE
Magistrate: N/A
Room: N/A
Next Action: N/A
File Location: RET.45 MAG./JUSTICE CENTER
Last Status: ACTIVE
Last Status Date: 03/01/2002
Last Disposition: NEWLY FILED
Last Disposition Date: 03/13/2001
Prayer Amount: \$25,000.00

[Print Page](#) | [Close Window](#) | [Disclaimers](#) | [Printer Friendly Version](#)

Information on the Internet is updated every 30 minutes.

Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.

[For questions/comments please click here](#)

RAY HARRON, M.D.
 DIPLOMATE AMERICAN BOARD OF RADIOLOGY
 DIPLOMATE AMERICAN BOARD OF NUCLEAR MEDICINE



P. O. BOX 480
 BRIDGEPORT, WV 26330

REDACTED

NAME _____

ADDRESS _____

CITY & STATE _____

UNIT NO.	PHYSICIAN	AGE	PHONE NUMBER	BIRTHDATE	DATE 7/1/99
RESPONSIBLE PARTY		S.S. #	INSURANCE CO.		POLICY NO.
ADDRESS		STREET-ROUTE-BOX		TOWN-CITY-STATE	ZIP CONTRACT OF
PATIENT HISTORY					
EXAMINATION					

CHEST DATED 5/18/99: This is a quality three overexposed film. There are primary s, secondary s sized opacities involving four lower lung zones, profusion 1/0.

IMPRESSION:

1. Bilateral interstitial fibrosis consistent with asbestosis.

Ray A. Harron, M.D.
 Diplomate of the American
 Board of Radiology

RAH/kc

REDACTED

TYPE OF READING

A X P



WR GRACE PIQ 021524-0026

WORKER'S Social Security Number

1A. DATE OF X-RAY

5-18-99

1B. FILM QUALITY If Not Grade 1

1 2 3 4 U/R

Give Reason:

exposed

1C. IS FILM COM-

NEGATIVE?

YES

Proceed to

Section 5

NO

Proceed to

Section 2

2A. ANY PARENCHYMAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES

X

COMPLETE

2B and 2C

PROCEED TO

SECTION 3

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY		SECONDARY	
P	X	P	X
q	t	q	t
r	u	r	u

b. ZONES

X	X
X	X

R L

c. PROFUSION

0/0	0/1	0/2
0	1	2
1	2	3
2	3	4

2C. LARGE OPACITIES

SIZE

A B C

PROCEED TO

SECTION 3

3A. ANY PLEURAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES

X

COMPLETE

3B, 3C and 3D

NO

PROCEED TO

SECTION 4

3B. PLEURAL THICKENING

a. CIRCUMSCRIBED (plaque)

3C. PLEURAL THICKENING...Chest Wall

b. DIFFUSE

a. DIAPHRAGM

SITE

O R

IN PROFILE

SITE

O R L

i. WIDTH

O A B C

ii. EXTENT

0 1 2 3

b. COSTOPHRENIC ANGLE

FACE ON

0 1 2 3

iii. EXTENT

0 1 2 3

SITE

O R

IN PROFILE

i. WIDTH

O A B C

ii. EXTENT

0 1 2 3

FACE ON

0 1 2 3

iii. EXTENT

0 1 2 3

3D. PLEURAL CALCIFICATION

SITE

O R

EXTENT

a. DIAPHRAGM.....

0 1 2 3

b. WALL.....

0 1 2 3

c. OTHER SITES.....

0 1 2 3

SITE

O L

EXTENT

a. DIAPHRAGM.....

0 1 2 3

b. WALL.....

0 1 2 3

c. OTHER SITES.....

0 1 2 3

PROCEED TO
SECTION 4

4A. ANY OTHER ABNORMALITIES? YES

X

COMPLETE 4B and 4C

NO

PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

o ax bu ca en ob cy ev di ef em es fr hi ho id ih kl pl pr xp tb

Report items which
may be of present
clinical significance
in this section

OD

(Specify od.)

Date Attorney Notified.

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.

YES

NO

PROCEED TO SECTION 5

5. FILM READER'S INITIALS

R A H

PHYSICIAN'S SOCIAL SECURITY NUMBER *

055-26-1294

DATE OF READING

7 1 99

Complete if
social security
number is not
furnished:

Harron, Ray A., M.D.

901 West Main Street, Bridgeport, WV 26330

ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.I.
PULMONARY MEDICINE
OCCUPATIONAL LUNG DISEASE



438 W. ST. JAMES PLACE
CHICAGO, IL 60614

PHONE: 1-773-472-2810
FAX: 1-773-472-2809
PAGE: 1-888-691-8521

March 5, 2001

Kelley & Ferraro
Attention: Michael V. Kelley, Esq.
1901 Bond Ct., 1300 E. 9th Street
Cleveland, OH 44144

Re: Patient:
SSN:
DOB: REDACTED

Dear Mr. Kelley:

This is a physician's report pertaining to the above-named client whom I had the pleasure of interviewing and examining on the above date.

RESPIRATORY SYMPTOMS: He has had dyspnea on exertion as well as some cough and mucus production for about 10 years.

PAST MEDICAL HISTORY: Positive for rheumatic heart disease, appendicitis, colon cancer, tonsillectomy, prostatic hypertrophy and hypercholesterolemia.

MEDICATIONS: Flomax and Zocor.

SMOKING HISTORY: He smoked less than one-half pack of cigarettes a day between the ages of 30 and 55 years old.

OCCUPATIONAL HISTORY: From 1943 until 1947 he served on numerous ships as a merchant seaman. He worked in the engine room as a fire and water tender and was exposed to significant amounts of asbestos in the engine room of various ships.

From 1947 until 1987 he worked for the Pennsylvania/Penn Central/Conrail Railroad as a brakeman and conductor. He rode on both steam and diesel engines and was in and out of the roundhouse. During these intervals he indicated significant exposure to aerosolized asbestos.

(continued Page 2)

DIPLOMATE - AMERICAN BOARDS OF INTERNAL MEDICINE AND PULMONARY DISEASE
NIOSH B READER
CERTIFIED, AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS

REDACTED

ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.P.



To: Kelley & Ferraro

Re:

Page 2 REDACTED

PHYSICAL EXAMINATION: Physical examination revealed an alert and oriented male in no acute distress. Head and neck exam was unremarkable. Lungs were clear to auscultation. Cardiac exam revealed a regular rate and rhythm without murmurs. Abdomen was soft and without masses. A midline abdominal scar is noted. Extremities showed 1+ pitting edema, no clubbing or cyanosis.

CHEST X-RAY: PA chest x-ray dated 5/18/99 was read by Dr. Harron according to the 1980 ILO Classification and showed an ILO score of s/s 1/0 bilaterally with no pleural changes.

SPIROMETRY: Spirometry dated 3/5/01 met ATS guidelines and was normal. FVC was 4.36 L or 99% of predicted. FEV₁/FVC ratio was 73%.

IMPRESSION:

- 1) On the basis of the medical history review, which is inclusive of a significant exposure to asbestos dust, the physical examination and chest radiograph, the diagnosis of bilateral asbestosis is established within a reasonable degree of medical certainty.
- 2) History of colon cancer which is an asbestos-related malignancy.
- 3) Lower extremity edema for which medical follow-up is indicated.

RECOMMENDATIONS:

- 1) He is at increased risk for the development of lung cancer, mesothelioma and other non-pulmonary malignancies associated with asbestos exposure.
- 2) He should be advised to have yearly chest x-rays, pulmonary function screening and screening for gastrointestinal malignancy.
- 3) He should be advised that chest x-rays and pulmonary function may deteriorate in the absence of further asbestos exposure.
- 4) He should be advised to refrain from the use of all tobacco-containing products.

This report serves only to establish the presence of possible asbestos-related conditions and does not establish a doctor-patient relationship.

I hope that the above information is useful to you.

Sincerely,

Alvin J. Schonfeld, D.O., FCCP, FAADEP



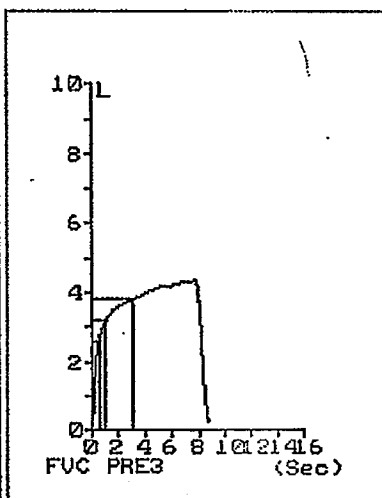
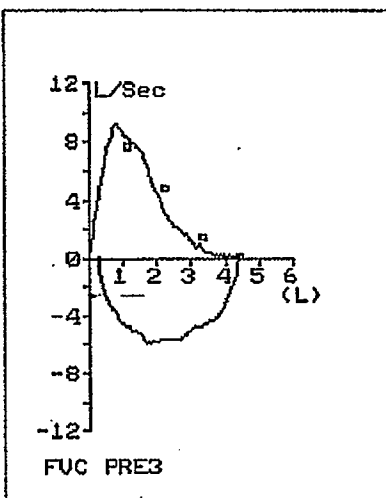
WR GRACE PIQ 021524-0029

ALVIN J. SCHONFELD D.O., F.C.C.P.
438 WEST ST. JAMES PLACE
CHICAGO, IL 60614

REDACTED

PT: HT: 70.0 in DATE: 03/05/2001
PT#: AGE: 76 SEX: M WT: 185.0 lb TIME: 14:01:49
PRED-COLLINS3 BP: 760 TEMP: 24.0 RACE: C TECH: BS RRT

Spirometry		Pre-Drug*		
		Predicted	Actual	%Pred
FVC	(L)	4.39	4.36	99
FEV1	(L)	3.32	3.20	96
FEV1/FVC	(%)	76	73	97
FEF25-75%	(L/S)	2.87	2.10	73
FEFmax	(L/S)		9.11	
TET	(SEC)		7.72	



THIS TEST MEETS ATS STANDARDS

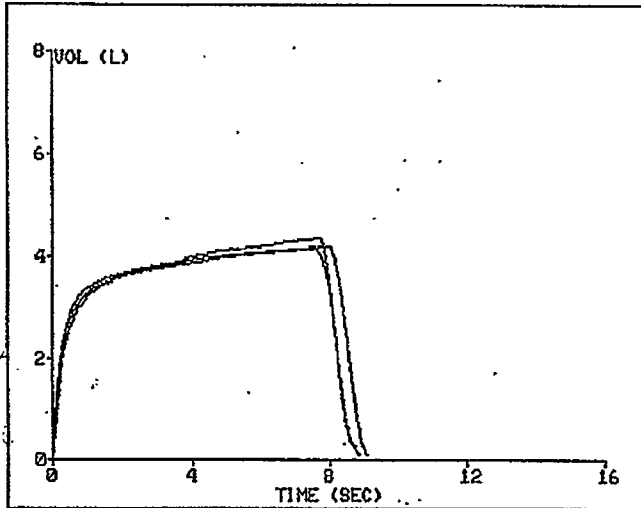
REDACTED

Pt. Name:
Pre-Drug

Date: 03/05/2001
Set #: 0



WR GRACE PIQ 021624-0030

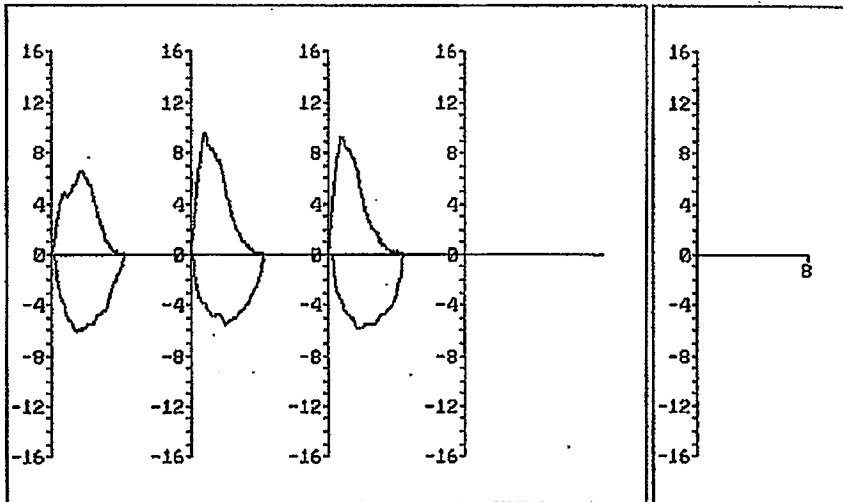


Effort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.39	3.32	75	2.87	
1	4.17	3.36	80	3.49	6.35
2	4.20	3.28	78	2.69	9.41
3 BEST	4.36	3.20	73	2.10	9.11

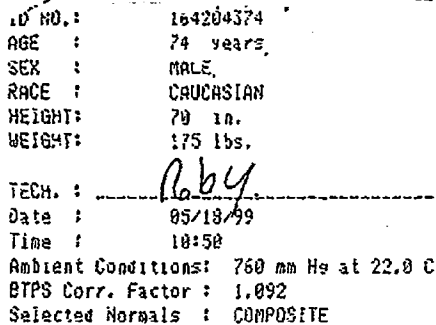
REDACTED

Pt. Name:
Pre-Drug

Date: 03/05/2001
Set #: 0



Effort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.39	3.32	75	2.87	
1	4.17	3.36	80	3.49	6.35
2	4.20	3.28	78	2.69	9.41
3 BEST	4.36	3.20	73	2.10	9.11



DOCTOR: _____

TEST NO. 01 FVC 05/18/99 10:51

INDEX	UNT	MEAS	PRED	%PRED	%VAR
FUC	L	3.98	4.02	99	N/A
FEV 1	L	3.12	3.15	99	N/A
FEV1/FUC	%	78.4	78.9	99	N/A
FEF25-75	L/S	2.9	3.1	94	N/A
PEF	L/S	6.3	7.9	80	N/A

FORCED EXPIRATORY TIME: 7.0 SEC

TEST NO. 02 FVC 05/18/99 10:51

INDEX	UNT	MEAS	PRED	ZPRED	ZVAR
FUC	L	3.94	4.02	98	1.0
FEV 1	L	3.12	3.15	99	.0
FEV1/FUC	Z	79.2	78.9	100	1.0
FEF25-75	L/S	2.9	3.1	94	.0
PEF	L/S	8.3	7.9	105	31.7

FORCED EXPIRATORY TIME: 7.5 SEC

SNI III SUMMARY REPORTS

BEST TEST SUMMARY TESTS 81-04 05/18/99

INDEX	NO	MEAS	PRED	%PRED	%VAR
FUC	01	3.98	4.02	99	1.0
FEU 1	03	3.15	3.15	100	1.3
FEV1/FUC%	--	79.4	78.9	101	.3
FEF25-75	01	2.9	3.1	94	.0
PEF	01	6.3	7.9	80	31.7

SPIROMETRIC RESULTS APPEAR NORMAL

[illegible]

Yoda:



WR GRACE PIQ 021624-0032

FR: KERRY & FERRARO
KATE FITZGERALD
127 PUBLIC SQUARE
2200 KEY TOWER
CLEVELAND OH 44114

**Airborne
Express**

WEIGHT (LBS)

67

TO: JUST CONSULTING INC.
CLAIMS PROCESSING AGENT
201 SYNDAL AVE
re: wr GRACE & CO. BANKRUPTCY
TARIBAUT MN

PIECES

1

ZIP CODE

55021

ATTN: JUST CONSULTING INC.
PKG: 46407659664

ORIGIN
CLE

SHIPMENT NO.
46407659664

SHIP DATE
07/11/2006

ADDITIONAL INFORMATION

SERVICE
EXP

SPECIAL HANDLING SERVICES

MNAQ 0A



46407659664

W. R. Grace Asbestos Personal Injury Questionnaire



10315607104815

RE: :

Kelley & Ferraro L L P
1901 Penton Media Building
1300 East Ninth Street
Cleveland OH 44114

REDACTED

REC'D JUL 12 2006



000378104815



WR GRACE PIQ 31888-0002

[THIS PAGE INTENTIONALLY LEFT BLANK.]



WR GRACE PIQ 31998-0003

W. R. Grace Asbestos Personal Injury Questionnaire



[THIS PAGE INTENTIONALLY LEFT BLANK.]

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE



In re:) Chapter 11
)
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
) Jointly Administered
Debtors.)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



INSTRUCTIONS

A. GENERAL

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will **not** be accepted and will **not** be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

**D. PART III – Direct Exposure to Grace Asbestos-Containing Products**

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product as a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |



E. PART IV -- Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI -- Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**

b. Asbestos-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- ☒ other (please specify): Objection: See attached medical information

c. Other Cancer:

(i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:

- ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
- ☐ other, please specify: _____

(ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):

- ☐ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
- ☒ other (please specify): Objection: See attached medical information



PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☒ other (please specify): Objection: See attached medical information

e. Asbestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 *International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☒ other (please specify): Objection: See attached medical information

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☒ other (please specify): Objection: See attached medical information

[REMAINDER OF PAGE INTENTIONALLY BLANK]

**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)****2. Information Regarding Diagnosis**

Date of Diagnosis:3/17/1996

Diagnosing Doctor's Name: See attached medical informationDiagnosing Doctor's Specialty: See attached medical informationDiagnosing Doctor's Mailing Address: See attached medical information
Address

City State/Province Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: See attached medical information

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? Objection: contains terms not defined nor understood ☐ Yes ☐ NoWas the diagnosing doctor paid for the diagnostic services that he/she performed? Objection: relevance ☐ Yes ☐ NoIf yes, please indicate who paid for the services performed: Objection: relevanceDid you retain counsel in order to receive any of the services performed by the
diagnosing doctor? Objection: relevance ☐ Yes ☐ NoWas the diagnosing doctor referred to you by counsel? Objection: relevance ☐ Yes ☐ NoAre you aware of any relationship between the diagnosing doctor and your
legal counsel? Objection: relevance ☐ Yes ☐ No

If yes, please explain:

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine
at the time of the diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the
diagnosis? See attached medical information ☐ Yes ☐ NoWas the diagnosing doctor provided with your complete occupational, medical and smoking history prior to
diagnosis? See attached medical information ☐ Yes ☐ NoDid the diagnosing doctor perform a physical examination? See attached medical information ☐ Yes ☐ NoDo you currently use tobacco products? Objection: relevance ☐ Yes ☐ NoHave you ever used tobacco products? ☐ Yes ☐ NoIf answer to either question is yes, please indicate whether you have regularly used any of the following tobacco
products and the dates and frequency with which such products were used: Objection: relevance☐ Cigarettes Packs Per Day (half pack = .5) _____ Start Year _____ End Year _____☐ Cigars Cigars Per Day _____ Start Year _____ End Year _____☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____
Amount Per Day _____ Start Year _____ End Year _____Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? See attached medical
Information ☐ Yes ☐ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☐ Hospital ☒ Other: Objection: relevanceAddress where chest x-ray taken: Objection: relevance
Address

City State/Province Zip/Postal Code

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)**4. Information Regarding Chest X-Ray Reading** See attached medical information

Date of Reading: ____ / ____ / ____

ILO score: _____

Name of Reader: _____

Reader's Daytime Telephone Number: _____ (____) _____ - _____

Reader's Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

With respect to your relationship to the reader, check all applicable boxes:Was the reader paid for the services that he/she performed Objection: relevance ☐ Yes ☐ No*If yes, please indicate who paid for the services performed: Objection: relevance*

Did you retain counsel in order to receive any of the services performed

by the reader? Objection: relevance ☐ Yes ☐ NoWas the reader referred to you by counsel? Objection: relevance ☐ Yes ☐ NoAre you aware of any relationship between the reader and your legal counsel? Objection: relevance ☐ Yes ☐ No*If yes, please explain:* _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?

.....X Yes ☐ No*If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made:* _____**5. Information Regarding Pulmonary Function Test: See attached medical information** Date of Test: ____ / ____ / ____List your height in feet and inches when test given: See attached medical information .. _____ ft _____ inchesList your weight in pounds when test given: See attached medical information _____ lbsTotal Lung Capacity (TLC): See attached medical information _____ % of predictedForced Vital Capacity (FVC): See attached medical information _____ % of predictedFEV1/FVC Ratio: See attached medical information _____ % of predictedName of Doctor Performing Test (if applicable): See attached medical informationDoctor's Specialty: See attached medical informationName of Clinician Performing Test (if applicable): See attached medical informationTesting Doctor or Clinician's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Testing Doctor or Clinician's Daytime Telephone Number: See attached medical information _____ - _____Name of Doctor Interpreting Test: See attached medical information _____Doctor's Specialty: See attached medical information _____Interpreting Doctor's Mailing Address: See attached medical information
Address

City _____ State/Province _____ Zip/Postal Code _____

Interpreting Doctor's Daytime Telephone Number: See attached medical information _____ - _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

With respect to your relationship to the doctor or clinician who performed the pulmonary applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: Objection: relevance

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician? Objection: relevance..... ☐ Yes ☐ No

Was the testing doctor or clinician referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between either the doctor or clinician and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain:

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? See attached medical information..... ☐ Yes ☐ No

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: Objection: relevance

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance..... ☐ Yes ☐ No

If yes, please explain:

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?..... ☐ Yes ☐ No
See attached medical information

6. Information Regarding Pathology Reports:

Date of Pathology Report: See attached medical information..... / /

Findings: See attached medical information

Name of Doctor Issuing Report: See attached medical information

Doctor's Specialty: See attached medical information

Doctor's Mailing Address: See attached medical information
Address

City State/Province Zip/Postal Code

Doctor's Daytime Telephone Number: See attached medical information..... () -

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? Objection: relevance..... ☐ Yes ☐ No

Was the doctor paid for the services that he/she performed? Objection: relevance..... ☐ Yes ☐ No

If yes, please indicate who paid for the services performed:

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance..... ☐ Yes ☐ No

Was the doctor referred to you by counsel? Objection: relevance..... ☐ Yes ☐ No

Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance..... ☐ Yes ☐ No



WR GRACE PIQ 31998-0016

If yes, please explain:

Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?

See attached medical information ☐ Yes ☐ No

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

See attached medical information ☐ Yes ☐ No

If yes, please complete the following:

Name of Treating Doctor: See attached medical information

Treating Doctor's Specialty: See attached medical information

Treating Doctor's Mailing Address: See attached medical information
Address

City State/Province Zip/Postal Code

Treating Doctor's Daytime Telephone number: See attached medical information - - - - -

Was the doctor paid for the services that he/she performed? See attached medical information ☐ Yes ☐ No

If yes, please indicate who paid for the services performed: See attached medical information

Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Site of Exposure:

Site Name: See Exhibit A

Location: _____

Site Type: ☐ Residence ☐ Business

Site Owner: _____

Employer During Exposure: _____

Unions of which you were a member during your employment: _____

Job Description:	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code (If Code 39, specify)	Industry Code (If Code 138, specify)	Was exposure due to working in or around areas where products were being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job 1 Description:	See Exhibit A						
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							



PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? ☐ Yes ☐ No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____

3. What is your Relationship to Other Injured Person: ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: ____ / ____ / ____ To: ____ / ____ / ____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ☐ Yes ☐ No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____ / ____ / ____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: ____ / ____ / ____ To: ____ / ____ / ____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
 (b) A worker who personally removed or cut Non-Grace asbestos-containing products
 (c) A worker who personally installed Non-Grace asbestos-containing products
 (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
 (f) If other, please specify.

Object: Burdensome/Public Record

Party Against which Lawsuit or Claim was Filed:

See attached Complaint cover sheet

Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code (If Code 50 specify)	Industry Code (If Code 118 specify)	Was exposure due to working in or around areas where product was being installed, mixed, removed or cut? (If Yes, please indicate your regular proximity to such areas)	Nature of Exposure
Site of Exposure 1 Site Name: _____ Burdensome: _____ Public Documents: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				
Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:				
	Job 2 Description:				
	Job 3 Description:				



**PART VI: EMPLOYMENT HISTORY**

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: _____ If Code 59, specify: See Exhibit A

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code

Occupation Code: _____ If Code 59, specify: _____

Industry Code: _____ If Code 118, specify: _____

Employer: _____

Beginning of Employment: ____ / ____ / ____

End of Employment: ____ / ____ / ____

Location: _____

Address

City

State/Province

Zip/Postal Code

**PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR SILICA****a. LITIGATION**

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?X Yes ☐ No

If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: See Complaint cover sheet

Case Number: _____ File Date: ____/____/____

Court Name: Cuyahoga County Court of Common Pleas

3. Was Grace a defendant in the lawsuit? Objection: Burdensome/Public Document☐ Yes ☐ No

4. Was the lawsuit dismissed against any defendant? Objection: See docket and pleadings in case which are public records.

☐ Yes ☐ No

If yes, please provide the basis for dismissal of the lawsuit against each defendant:

Objection: burdensome. Please see docket and pleadings filed in the case which are public records

5. Has a judgment or verdict been entered? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601☐ Yes ☐ No

If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601☐ Yes ☐ No

If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

a. Settlement amount for each defendant: _____

b. Applicable defendants: _____

c. Disease or condition alleged: _____

d. Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? Objection: Public Document. See attached docket and pleading☐ Yes ☐ No

If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

b. CLAIMS

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)?X Yes ☐ No

If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

2. Date the claim was submitted: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

3. Person or entity against whom the claim was submitted:

Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

4. Description of claim: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

5. Was claim settled? Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601☐ Yes ☐ No

6. Please indicate settlement amount: Objection: See Fantozzi v Sandusky Cement Products (1992), 64Ohio St.3d601

\$ _____

7. Was the claim dismissed or otherwise disallowed or not honored? Objection: relevance☐ Yes ☐ No

If yes, provide the basis for dismissal of the claim: _____

**PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS**Name of Dependent or Related Person: Objection: relevance: See Complaint Cover Sheet.. Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

Financially Dependent: _____ ☐ Yes ☐ NoRelationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify _____Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Daytime Telephone number: _____ (____) _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies: See attached medical information

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scan reports/interpretations |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure | <input type="checkbox"/> Death Certification |

Originals:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations |
| | <input type="checkbox"/> Death Certification |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:

PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

TO BE COMPLETED BY THE INJURED PERSON.

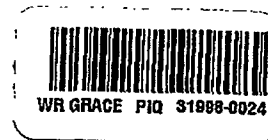
I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: Thomas M. Wilson, Esq. Date: 2/03/2006Please Print Name: Thomas M Wilson, Esq as POA**TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.**

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: _____ Date: 2/03/2006

Please Print Name: Thomas M. Wilson, Esq.

Exhibit "A"Name: **REDACTED** S.S#:

JOBSITE	CITY	STATE	YEARS WORKED
Chrysler Corp	Twinsburg	OH	1/1/1953 - 12/1/1993
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-

418405

Case Summary



Gerald E. Fuerst, Clerk of Courts
Court of Common Pleas - Cuyahoga County, Ohio



Case Summary Listing

Docket

Case Parties

Costs

Service

All

New Search

Main Menu

Case Number:

REDACTED

Case Title:

Case Designation: ASBESTOS TORT-PRODUCT LIAB

Filing Date: 12/19/2000

Judge: RICHARD-ASBEST MCMONAGLE

Magistrate: N/A

Room: N/A

Next Action: N/A

File Location: PEND.FILE

Last Status: ACTIVE

Last Status Date: 3/1/2002

Last Disposition: NEWLY FILED

Last Disposition Date: 12/19/2000

Prayer Amount: \$ 25000.00

CMSW504

[Print Page](#) | [Close Window](#) | [Disclaimers](#)

Information on this Web site is updated every 30 minutes. Only the official court records available from the Cuyahoga County Clerk of Courts, available in person, should be relied upon as accurate and current.

For questions/comments please contact cpdock@cuyahogacounty.us



RAY HARRON, M.D.
 DIPLOMATE AMERICAN BOARD OF RADIOLOGY
 DIPLOMATE AMERICAN BOARD OF NUCLEAR MEDICINE

P. O. BOX 400
 BRIDGEPORT, WV 26330

NAME REDACTED

ADDRESS _____

CITY & STATE _____

UNIT NO.	PHYSICIAN	AGE	PHONE NUMBER	BIRTHDATE	DATE 03/21/00
RESPONSIBLE PARTY		S.S. #	INSURANCE CO.		POLICY NO.
ADDRESS		STREET-ROUTE-BOX		TOWN-CITY-STATE	ZIP
PATIENT HISTORY				CONTRACT OF	

EXAMINATION

CHEST DATED 10/6/99: There are primary s, secondary s sized opacities involving six lung zones, profusion 1/0. Rule out cancer right midzone and right upper zone.

IMPRESSION:

1. Bilateral interstitial fibrosis consistent with asbestosis.
2. Rule out cancer on the right, see the doctor.

Ray A. Harron, M.D.
 Diplomate of the American
 Board of Radiology

RAH/kc



WR GRACE PIQ 31998-0027

ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E
PULMONARY MEDICINE
OCCUPATIONAL LUNG DISEASE

438 W. ST. JAMES PLACE
CHICAGO, IL 60614-2750

PHONE: 1-773-472-2810
FAX: 1-773-472-2809
PAGE: 1-888-691-8521

August 1, 2002

KELLEY/MIDDLEBURG HEIGHTS

Re: Patient: REDACTED
SSN:
DOB:

PAST MEDICAL HISTORY: He has had dyspnea on exertion, cough and mucus production for about three years. He has a history of hypertension.

MEDICATIONS: One antihypertensive. He does not recall its name.

SMOKING HISTORY: Three cigarettes per day, ages 18 to 28 years old.

OCCUPATIONAL HISTORY: Between 1953 and 1993 he worked at Chrysler Corporation as a spot welder. He worked around asbestos products which included asbestos curtains, pipe covering, insulation and gloves.

PHYSICAL EXAMINATION: Physical examination revealed an alert and oriented male in no acute distress. Head and neck exam was unremarkable. Lungs were clear to auscultation. Cardiac exam revealed a regular rate and rhythm without murmurs. Abdomen was soft and without masses. Extremities showed no clubbing, cyanosis or edema.

CHEST X-RAY: Chest x-ray 10/6/99 read by Dr. Harron had an ILO score of S/S, 1/0 bilaterally with no pleural changes.

SPIROMETRY: Spirometry 8/1/02 met ATS Guidelines and was normal.

(Continued Page 2)

DIPLOMATE - AMERICAN BOARDS OF INTERNAL MEDICINE AND PULMONARY DISEASE
NIOSH B READER
CERTIFIED, AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS

ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.P.



To: KELLEY/MIDDLEBURG HEIGHTS

Re:

Page 2

REDACTED

IMPRESSION:

- 1) On the basis of the patient's significant occupational exposure to asbestos dust and chest radiograph, the diagnosis of bilateral asbestosis is established within a reasonable degree of medical certainty. This diagnosis is causally related to his workplace exposure at Chrysler Corporation.

RECOMMENDATIONS:

- 1) He is at increased risk for the development of lung cancer, mesothelioma and other non-pulmonary malignancies associated with asbestos exposure.
- 2) He should be advised to have yearly chest x-rays, pulmonary function screening and screening for gastrointestinal malignancy.
- 3) He should be advised that chest x-rays and pulmonary function may deteriorate in the absence of further asbestos exposure.
- 4) He should be advised to refrain from the use of all tobacco-containing products.

Thank you for asking me to review this case.

Sincerely,

Alvin J. Schonfeld, D.O., FCCP, FAADEP

AJS:hss/mh



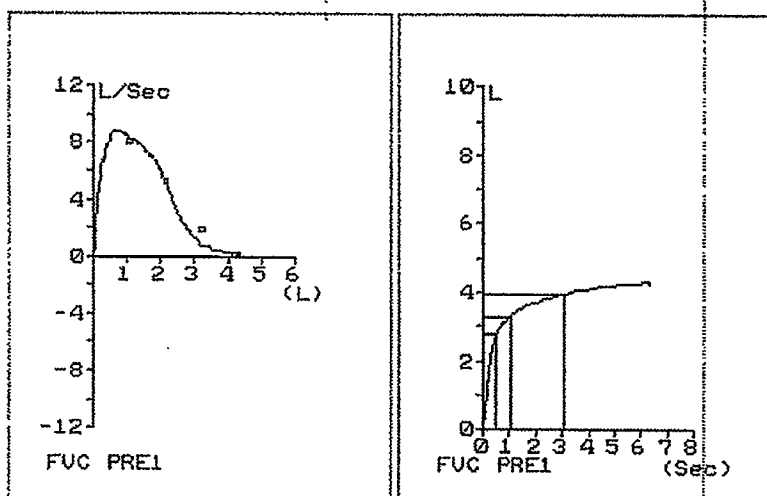
WR GRACE PIQ 31986-0029

DR. ALVIN J. SCHONFELD
438 WEST ST. JAMES PLACE
CHICAGO, IL 60614

REDACTED

PT: HT: 73.0 in DATE: 08/01/2002
PT#: 429602625 AGE: 69 SEX: M WT: 165.0 lb TIME: 08:15:03
PRED-COLLINS3 BP: 760 TEMP: 24.0 RACE: B TECH: WCS RRT
----- Predicted Values Have Been Race Corrected -----

Spirometry		Predicted	Actual	%Pred
FVC	(L)	4.25	4.28	101
FEV1	(L)	3.23	3.24	100
FEV1/FVC	(%)	76	76	100
FEF25-75%	(L/S)	3.29	2.61	79
PEFmax	(L/S)		8.73	
TET	(SEC)		6.74	

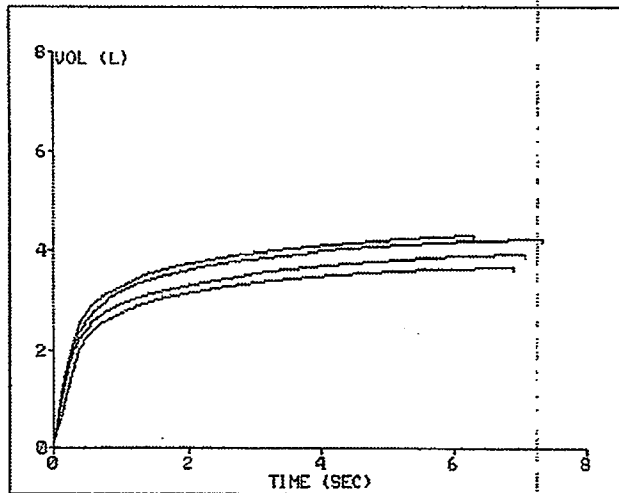


THIS TEST
Meets AT
Standards

REDACTED

Pt. Name:
Pre-Drug

Pt. ID:

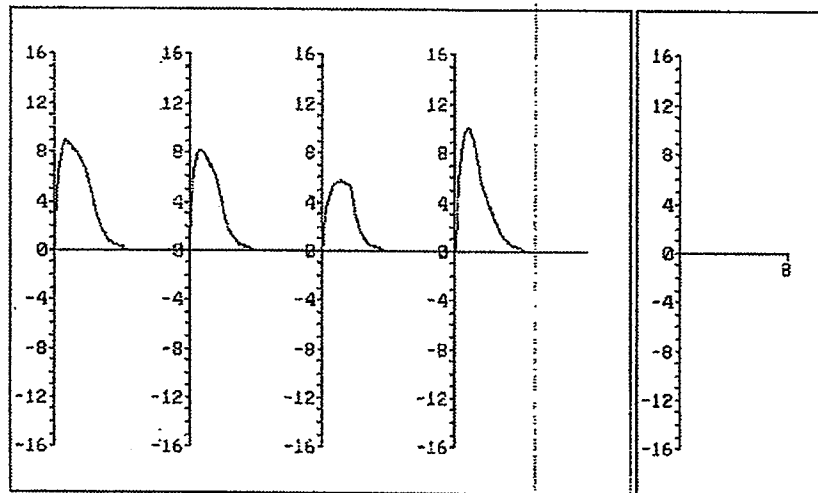
Date: 08/01/2002
Set #: 0

Effort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.25	3.23	75	3.29	
1 BEST	4.28	3.24	75	2.61	8.73
4	3.88	2.86	73	2.03	8.05
5	3.63	2.70	74	2.08	5.52
6	4.18	3.11	74	2.27	9.93

REDACTED

Pt. Name:
Pre-Drug

Pt. ID:

Date: 08/01/2002
Set #: 0

Effort	FVC	FEV1	FEV1%	F25/75	PEFR
Pred	4.25	3.23	75	3.29	
1 BEST	4.28	3.24	75	2.61	8.73
4	3.88	2.86	73	2.03	8.05
5	3.63	2.70	74	2.08	5.52
6	4.18	3.11	74	2.27	9.93

REDACTED

TYPE OF READING



WORKER'S Social Security Number:

A X P

1A. DATE OF X-RAY

10-6-99

1B. FILM QUALITY

X 2 3 U/R

If Not Grade 1
Give Reason:1C. IS FILM COMPLETELY
NEGATIVE?

YES

Proceed to
Section 5

NO

Proceed to
Section 2

2A. ANY PARENCHYMAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES X

COMPLETE

2B and 2C

NO

PROCEED TO

SECTION 3

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY

P X

q t

r u

SECONDARY

P X

q t

r u

b. ZONES

X X

X X

X X

X X

R L

c. PROFUSION

0/0 0/0 0/1

X 1/1 1/2

2/1 2/2 2/3

3/2 3/3 3/4

2C. LARGE OPACITIES

SIZE

X A B C

PROCEED TO
SECTION 3

3A. ANY PLEURAL ABNORMALITIES

CONSISTENT WITH PNEUMOCONIOSIS? YES

COMPLETE

3B, 3C and 3D

NO

PROCEED TO

SECTION 4

3B. PLEURAL

THICKENING

a. CIRCUMSCRIBED (plaque)

a. DIAPHRAGM

(plaque)

SITE

IN PROFILE

SITE

O R L

1. WIDTH

O A B C

b. COSTOPHRENIC

ANGLE

ii. EXTENT

FACE ON

SITE

O R L

iii. EXTENT

O 1 2 3

3C. PLEURAL THICKENING...Chest Wall

b. DIFFUSE

SITE

IN PROFILE

1. WIDTH

ii. EXTENT

FACE ON

iii. EXTENT

SITE

IN PROFILE

1. WIDTH

ii. EXTENT

FACE ON

iii. EXTENT

O R

O A B C

O 1 2 3

O 1 2 3

O 1 2 3

O 1 2 3

O L

O A B C

O 1 2 3

O 1 2 3

O 1 2 3

O 1 2 3

3D. PLEURAL CALCIFICATION

SITE

O R

EXTENT

a. DIAPHRAGM.....

O 1 2 3

b. WALL.....

O 1 2 3

c. OTHER SITES.....

O 1 2 3

SITE

O L

EXTENT

a. DIAPHRAGM.....

O 1 2 3

b. WALL.....

O 1 2 3

c. OTHER SITES.....

O 1 2 3

PROCEED TO
SECTION 4

4A. ANY OTHER ABNORMALITIES? YES X

COMPLETE 4B and 4C

NO

PROCEED TO SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

O ax bu X on od op cv di ef em es fr hi ho id ih kl pl px rp tb

Report items which
may be of present
clinical significance
in this section

OD

(Specify od.) Ro G Em z, Ru z

Date Attorney Notified.

5 2 1 0 0

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES X

NO

PROCEED TO SECTION 5

5. FILM READER'S INITIALS

R A H

PHYSICIAN'S SOCIAL SECURITY NUMBER *

055-26-1294

DATE OF READING

3 2 7 0 0

Complete if
social security
number is not
furnished:

Harron, Ray A., M.D.

901 West Main Street, Bridgeport, WV 26330



WR GRACE PIQ 31996-0032

©1999, ©

FedEx *USA Air Mail*
 Express

8412 0937 4553

1. From: This portion can be removed for Recipient's records.

Date **7-11-06** FedEx Tracking Number **841209374553**Sender's Name **WLF** Phone **216 575-0777**Company **KELLEY & FERRARO LLP**Address **1300 E 9TH ST STE 1901**City **CLEVELAND** State **OH** Zip **44114-1502**2. Your Internal Billing Reference: **KELLEY 10**3. To Recipient's Name **Rust Consulting Inc.**Company **Claims Processing Agent**Address **RE: WR Grace & Co. Bankruptcy**Address **201 S Lyndale Ave**Address **Faribault, MN 55021**City **Faribault** State **MN** Zip **55021**

8412 0937 4553

0250898785

Recipient's Copy

4a Express Package Service

☐ FedEx Priority Overnight Next business morning
☒ FedEx Standard Overnight Next business afternoon
☐ FedEx First Overnight Earliest next business morning delivery to select locations

4b Express Freight Service

☐ FedEx 2Day Second business day
☐ FedEx Express Saver Third business day
☐ FedEx 1Day Freight* Next business day
☐ FedEx 2Day Freight Second business day
☐ FedEx 3Day Freight Third business day

5 Packaging

☐ FedEx Envelope
☐ FedEx Tube
☐ FedEx Box
☐ FedEx Mailer

6 Special Handling

☐ SATURDAY Delivery Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes
☐ HOLD Weekday at FedEx Location Not available for FedEx First Overnight and FedEx 2Day to select locations
☐ HOLD Saturday at FedEx Location Available only for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

☐ No
☐ Yes Shipper's Declaration required
☐ Dry Ice Dry Ice, 6, UN 1845
☐ Cargo Aircraft Only

7 Payment Bill to:

☒ Shipper
☐ Recipient
☐ Third Party
☐ Credit Card
☐ Cash Check

Total Packages Total Weight Total Charges

8 Release Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any pending claims.

 Or, please visit our Web site at fedex.com
 or call 1.800.4FED (1.800.436.3333)
 SRS • Rev. Date 4/02 • Part 711 • ©1994-2002 FedEx • PRINTED IN U.S.A.

447